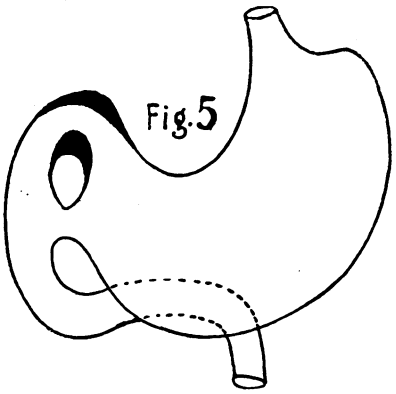

Result Villard operation pyloric obstruction.

ing portion of the duodenum, anterior to the right kidney and to the left of the descending part of the flexure of the colon. This peritoneal layer forms the uppersheet of the transverse meso-colon. The second portion of the duodenum can then be lifted and detached from the anterior surface of the spine, vena cava and aorta. The lower flexure of the duodenum can also be mobilized in the same way by splitting the peritoneum, passing down to the colon. These maneuvers mobilize the vertical portion of the duodenum to such an extent that it can be readily laid against the anterior surface of the pyloric portion of the stomach. The technical difficulties of the original method are thus reduced to a minimum, and, in most instances, the subsequent work can be done with ease and accuracy outside the abdominal cavity. Finney of Baltimore has also liberated the second portion of the duodenum in a series of pyloroplasties.

Lateral gastro-duodenostomy, I believe, will not replace von Hacker's posterior gastro-enterostomy, nor will it supplant the Finney operation. It is entitled, however, to a position of prominence between the two.

Surgeons are prone to forget the role of the French school in the creation of the cardinal principles governing intestinal surgery, the sero-serous approximation as formulated by Jobert de Lamballe, the non-perforating stitch as advocated by Lembert and lateral anastomosis for which we are indebted to Maisonneuve. Hence my reference to lateral gastro-duodenostomy as "Villard's operation."

REFERENCES.

Péan. In thesis by Danger, p. 66, Paris, 1894. First reported case of gastro-duodenostomy on the third portion of the duodenum.
Jaboulay. *Archives provin. de Chir.* 1892, p. 551. *Lyon Méd.*, 1894, p. 414.
Tixier. *Lyon Méd.*, April 28, 1895.
Villard. *Province Médicale*, 1897. *Semaine Méd.*, 1897.
Henle. *Central f. Chir.* 1898, p. 753, citing case by Mickulicz.
Grollier. Thesis, Lyons, July 10, 1900.
Villard. *Revue de Chir*, Paris, Oct. 10, 1900.
Gouillioud, Vallas, etc. In discussion, *Bull. soc. de chir. de Lyon.* 1900, p. 100.
Kocher. *Central f. Chir.* Feb. 1903.

REPORTS OF MEDICAL SOCIETY MEETINGS.

HUMBOLDT COUNTY MEDICAL SOCIETY.

APRIL MEETING.

Society met April 14th at Eureka, Dr. R. Felt in the chair.

Paper was read by Dr. G. N. Drysdale of Eureka, on "The Difficulties Encountered by the Surgeon Operating in Isolated Country Districts." The greatest difficulties were due to the impossibility of getting trained nurses and assistants, and in the absence of them, the surgeon had to do the work of the nurse himself. In preparing for an operation the ordinary nurse or women of the family had no idea of surgical cleanliness and the surgeon had to make all the preparations himself or be on hand to superintend. At the operation the surgeon had to give his attention not only to the operation, but to the anesthetist and assistants. After the operation the surgeon had to care for all instruments, etc., himself, and in a serious case he had to attend to the nursing of the patient himself. If he did not, he would find that the sympathizing nurse or friends of the patient would give him whatever he called for, and would probably neglect to give him what he should have. As an illustration the doctor gave an account of a case when he was called upon to do a vaginal hysterectomy while practising in the country. He had as an anesthetist a dentist who knew very little about anesthetics; as first assistant he had another doctor of the place, and as second assistant a barber, selected because he was naturally clean and would do as he was told. There was no nurse and he had to take charge of the nursing until the patient had recovered sufficiently to be left with her friends. In most cases, if the surgeon attended to the detail work himself, good results could be had, but it meant a sacrifice of too much time and the fees would not compensate him.

The discussion following was taken part in by Drs. Wallace, McLaren, Felt, McKibbon, Kime, C. O. Falk and Sinclair.

MAY MEETING.

Meeting held in Eureka May 12th. Dr. T. L. Loofbourrow presiding in the absence of Dr. Felt.

At this meeting the report of Dr. McLaren, delegate to the State Society meeting, was heard. Dr. McLaren thought from opinions of members he had talked with at the State meeting, that it would be possible to get the 1905 meeting of the State Society for Eureka. It was the opinion of the society that Eureka could accommodate and entertain the members of the State Society as well as any town in the State, and that the members of the profession in Humboldt should work for the 1905 meeting.

Dr. H. S. Delamere reported a case when death of the fetus at the eighth month occurred in two consecutive pregnancies in a woman who had previously borne healthy children. He had made a diagnosis of syphilis transmitted by the father, the mother never having been infected. From reports he had heard he thought it probable the father had become infected after the birth of the healthy children, but he was never a patient of the doctor's and this diagnosis had to be made from the evidence presented in the fetus and placenta. The case was discussed by Drs. McLaren, Wallace, Sinclair, Chas. Falk, Drysdale, Gaynor and Loofbourrow, who agreed with Dr. Delamere as to diagnosis.

Dr. Chas. C. Falk reported a case of carcinoma of pylorus with dilatation and perforation of stomach, presenting unusual features which made it impossible to make a diagnosis without an exploratory operation. The patient, a woman, had complained for several years of pain in the lower part of abdomen on left side; menstruation had been irregular, painful, and

at times the flow was excessive; stomach symptoms absent; bowels regular. On left side of abdomen, below umbilicus could be felt a tumor, apparently as large as a man's fist, and movable. Vaginal examination showed uterus normal in size and position; right ovary normal in size; left ovary not located. A diagnosis of probole ovarian tumor was made and operation advised. Under anesthesia the tumor was found to be fixed and on opening the abdomen he found an enormously dilated stomach with the pyloric end fixed by adhesions to the abdominal wall, where the tumor had been felt before opening the abdomen. On separating the adhesions he found a perforation of the stomach of considerable size. The pylorus was the seat of a malignant growth, which, together with the adhesions spoken of, had made up the tumor felt before operation. He removed the pylorus and pyloric end of stomach and made an anastomosis between stomach and duodenum. Patient died on sixth day after operation. Discussed by Drs. Wallace, Sinclair, McLaren, Gaynor and Drysdale.

LOS ANGELES COUNTY MEDICAL SOCIETY

At the regular meeting held at Chickering Hall on Friday evening, May 15, the program included a paper by Dr. W. W. Hitchcock, "Organic Heart Lesions with Reference to Life Insurance," and by Dr. Randall Hutchinson, "Diagnosis of Myocardial Degenerations." Discussion opened by Dr. H. G. Brainerd.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

The subject discussed at the regular April meeting was "Fracture of the Inferior Maxilla," introduced by Dr. John White and discussion opened by Dr. Baldwin. At the May meeting the subject for discussion was "Typhoid Fever," opened by Drs. Cox and Twitchell.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

The regular meeting on Tuesday evening, May 12, was adjourned after approving minutes and hearing report of committee on new members. Papers as follows on the evening's program will be read at the next meeting:

"Some Clinical Chest Cases with Fluoroscopic Reports," by Dr. C. M. Cooper; "Report of Case of Lupus Erythematosus," by Dr. A. B. Grosse; "Rodent Ulcer with Report of Case," by Dr. H. D'Arcy Power; "Treatment of Cirrhosis of the Liver with Ascites—Report of Case," by Dr. M. E. Kibbe; "Exhibition of Case of Resection of Clavicle," by Dr. D. B. Plymire.

SAN FRANCISCO SOCIETY EYE, EAR, NOSE AND THROAT SURGEONS.

Meeting held on January 15, 1903, President Dr. Louis C. Deane in the chair.

Dr. Robert Cohn on a case of cocaine poisoning: It was that of a young man about twenty years of age. Other than having just recovered from an attack of bronchitis, he was in very good health. Upon examination I found a spur of bone of the septum. Removed it with regular nasal saw. I used a twelve per cent solution and applied the cocaine on cotton to the nose frequently for some time. I warned the patient to be very careful and not swallow any. Just as the operation was finished he turned very pale and said he felt dizzy. Immediately put him into bed and almost quicker than I can tell it he was in a state of collapse. In the next few minutes the pulse ran up to 150 and 160, respiration as high as 50, 55 and 60, showing signs of extreme collapse. Almost died. Gave him 1-20 grain of strychnin; respiration more regular and slower. He complained of pain in breathing and feeling suffocated. For three hours he was between life and death. Repeated 1-20 grain of strychnin and strong coffee enemata, keeping him awake. It was between three and three and a half hours before we could leave him with safety.

Dr. Eaton: I happen to be old enough to have worked before cocaine was discovered. Can remember when the first of it came to this country. The first patient I used it on, after giving her perhaps a 4 per cent solution, collapsed, and I thought she was going to die. Now I frequently use a 20 per cent solution and have not had an accident. One early case was an old man to whom I gave a 15 per cent solution and whiskey. Met a dentist about that time who said I would probably kill some one. Haven't yet, and now I use 20 per cent. I believe two things in regard to this: First, the psychical condition. Personally, I am extremely susceptible to cocaine. Am intoxicated by it after just a few moments. Second, would not use strychnin, but some stimulant. This case of Dr. Cohn's seems to me to be psychical.

Dr. Deane: To state whether collapse is due to the local anesthetic or not, is sometimes puzzling. There is no question that collapse can occur from psychic influences, whether of fear or a reflex from the local irritation of a nerve. It would seem from Dr. Cohn's description that his case was clearly the result of the toxic influence of the drug, as the symptoms were marked and profound; yet there are few of us who cannot state similar cases of a much milder character, the result of mere aural or nasal application where no anesthetic was used.

Dr. Powers: Dr. Cohn's patient probably collapsed from swallowing the solution, but as a rule I think the collapse is more from the idea of an operation than from the cocaine. A patient seldom faints from a moderate solution. I begin with a 10 per cent solution and keep increasing the strength until the patient is entirely under its influence.

Dr. Burnett: I think the best method is by electrolysis and then give a 5 per cent solution of cocaine up to 5mm. This will render the operation absolutely painless. Remember the case of a man who was to have a nasal operation. The cocaine was given and quite an operation was performed with no pain. But after the operation was all over there was extreme collapse. This doubtless was due to psychical condition.

In regard to the strength of the solution, 10 per cent and 20 per cent solutions are seldom found necessary. I prefer an 8 per cent solution.

Dr. Redmond Payne: The use of dionin in diseases of the eye I believe was first reported by Darier of Paris. At any rate it was upon the suggestions made by him that I began its use. So far as I can learn, neither he nor anyone else has made anything like an extended report upon its therapeutic value, and what I have to say to-night is not in the nature of complete conclusions, but simply a few clinical hints as to the effects I have found in its use. I hope, as time goes on, to make a more methodical and complete test of its therapeutic value in diseases of the eye. Dionin is a derivative of morphin and has been used successfully as a substitute for both it and codeine as a general analgesic, the claim being made that it has narcotic and sedative effects without their disadvantages. My experience with it has been in diseases of the cornea and conjunctiva only. I use it in 4 per cent and 7 per cent solutions, placing two or three drops above the cornea, which then run down over it. I used it primarily for its local analgesic effect, but found later that it produced more than the analgesia. The only remedy we have had to relieve the pain caused by corneal diseases has been cocaine, which, if used continuously, produces a bad effect on the epithelium, thereby affecting the nutritive process and repair. Further, the anesthetic effect of cocaine is only temporary and must be re-

peated. For all the painful conditions of the cornea where an analgesic is indicated, two or three drops of dionin, used in one of the above strengths, depending on the severity of the pain, will produce analgesia and complete relief from pain for from 24 to 72 hours.

Dr. Deane: Dr. Payne's experience with dionin has been most interesting, and though my experience with the drug has been more limited, I cannot but speak of this new and altogether unique derivative of morphin. It is essentially an eye drug, for its use in other parts of the body has not been followed by the same results. This is apparent for several reasons: First, because its action upon the lymphatic circulation is so marked. (The eye is the most perfect example of lymph circulation in the body, especially the cornea, on which dionin has such a marked effect.) Its antiseptic power can only be demonstrated here as this action is produced only secondary through the stimulation of the flow of tears and of the lymphatic circulation within the tissues.

Dr. Brady: "Acute Glaucoma an Initial Symptom in Typhoid." The case that I wish to present is that of a woman normally delivered of twins. She passed through an uneventful puerperum of twenty-one days; although still weak, attended to her household cares for the ensuing two weeks. On Sunday she partook of a full evening meal. About five hours later her medical attendant was summoned and found her in the following condition: Temperature, 102.5° F.; greatly exhausted from persistent vomiting; unable to raise right arm; both wrists swollen and showing purpuric nodules. The left eyelids were markedly swollen, almost to closure, with strongly bulging chemotic conjunctiva. He gave her repeated hot applications to the eye, but the pain not subsiding after twenty-four eyes, called me in. The temporal pain was then intense; lids markedly inflamed and edematous, the gelatinous and strongly hyperemic conjunctiva bulging 2mm. foreward and overlapping limbus 1mm.; marked ciliary pain; iris dirty green color; pupil medium dilation; immobile; A. C. deepened; T=+2; light projection poor; light perception limited to shadow outlines. Marked yellowish green vitreous halo, no fundus detail; installation of eserine resulted in reduction of tension to +0.5 and great relief of pain. (Hot compresses continued.) Typical typhoid curve lead to widal test which was positive on tenth day.

Positive diazo: b, typhi obtained in pure culture from cephalic vein; marked anemia, red to 1,250,000, hemoglobin 35-40 per cent; bacteriological examination of genital tract and urine negative; asthenic symptoms and fever increased, exitus lethalis on fifteenth day. No autopsy allowed.

BONE TRANSPLANTING, AND REPORT OF A CASE.*

By A. W. MORTON, A. B., M. D., San Francisco.

Professor of Surgery, College of Physicians and Surgeons, and Surgeon to Santa Fe Railroad.

THE defects in bone structures heal so slowly that it is no wonder we are advised to sacrifice many extremities, which might be saved if we better understood the methods of repair.

Many surgeons, in their efforts to restore bone, have attempted to use non-absorbable material, such as silver plates, copper amalgam, plaster of paris, platinum, irridium, gutta percha, celluloid and many other substances, some of which have been very useful.

Our knowledge of this subject is limited, and most of the work done has been very unsatisfactory, which we would naturally expect when we consider that the bone proper has very little tendency to repair, and that it is principally from the osteoblast of the periosteum of the myeloplast, and of the medullary tissue.

In all the methods in use, it is necessary to have not only an aseptic cavity, but a very limited one, and a bountiful supply of periosteum.

There are indications when transplanting of bone is especially indicated.

First—Cosmetic effects in repairing the deformities about the nose. This method of transplanting a flap, including the skin, superficial structures, periosteum, occasionally the upper layer of bone, with a pedicle attached, is often made use of to repair the defects about the nose, face, and trachea, or to close spaces about the vault.

Second—To fill in the cavity of bones to hasten recovery. Small fragments of fresh bone from a person, or lower animal, or occasionally the decalcified bone chips of Senn, are used to close a sterile bone cavity. These reports should be considered of questionable value, when we consider that one of the requirements is to cover the fragments with periosteum, which has the power to reproduce bone; again, years have elapsed and the bone chips are found in the cavity without undergoing a change, simply remaining as a foreign body.

Third—The most important indication to be met is to restore the continuity of the long bones to support and protect the trunk. Where extensive defects in a long bone exist as a result of the destruction of periosteum and medullary structures by some mechanical injury, or disease, the only methods by which it can be repaired is to transplant a large piece of bone with vascular attachments from some point, near the defect, so that its pedicle will have plenty of blood supply; the deformity will seldom be in position to make use of any of the adjoining bone structures without interfering very materially with the function of the part.

CASE REPORTED.

The case reported here shows the advantage of transplanting bone from lower animals to repair bone defects in man. This is unquestionably the first successful case of bone transplanting by vascular attachment from animal to man.

August Brandstedt, age 45, Swedish descent, free from any hereditary tendencies to disease; weight 245; health has always been good; uses liquors and tobacco in moderation; occupation is that of a painter. September 8th, 1900, patient fell about twelve feet, striking on the sidewalk, producing a compound comminuted fracture of the tibia and fibula of the right leg, near the

*Read at the Thirty-second Annual Meeting of the State Society, San Francisco, April 14-17, 1903.